

<p style="text-align: center;">Medical Direction / Trauma Systems EMSSTAR Workgroup – Meeting Notes</p>

June 9, 2005, 1:30 – 3:30 pm
Maine Emergency Medical Services Office
500 Civic Center Drive
Augusta, Maine

Present:

Bob Bowie, MD, St. Joseph's Hospital
Jay Bradshaw, Maine EMS
Steve Diaz, MD, Maine EMS
David Ettinger, MD, Mid-Coast EMS
Kevin Kendall, MD, Tri-County EMS
Dawn Kinney, EMT-P, Maine EMS
Steve Leach, EMT-P, Augusta Fire and MCEMS
Paul Marcolini, EMT –P, Tri-County
Lori Metayer, RN, EMT-P, LifeFlight of Maine
Rick Petrie, EMT-P, KVEMS and NEEMS

Not Present:

John Alexander, MD, Maine Medical Center
Alan Azzara, EMT-P, Northeast Mobile Health
Sean Binette
Peter Goth, MD, Miles Memorial Hospital
Chris Moretto, Med-Care Ambulance, Mexico
Carol Pillsbury, EMT-P, Northstar Ambulance
Matt Sholl, MD, Maine Medical Center
Eliot Smith, MD, Southern Maine EMS
David Stuchiner, MD, Auburn, ME

1. Introductions

- a. Group members introduced themselves and service / hospital affiliations.
- b. Randy Bumps introduced himself as the group facilitator and reviewed the agenda encouraging suggested additions. There were none.

2. Role of Facilitator

- a. Randy Bumps explained what he understood to be his role as the facilitator and invited suggested additions or changes:

1. Prepare meeting materials for the workgroup.
2. Keep minutes and notes and then organize and distribute them via email.
3. Keep workgroup meetings on-track and focused while managing workgroup time, assignments, task lists and the agenda.
4. Ensure equitable and meaningful participation of workgroup members, while ensuring consensus is reached.
5. Ensure continued commitment and follow-through by workgroup members.
6. Preparation of status reports and final report and documentation to MEMS.

3. Process Overview

- a. Jay Bradshaw presented an overview of the lead-up to and the Maine EMS Study Report that was produced by The EMSSTAR Group.
 1. The Report has ten sections and a total of fifty-four recommendations, using the benchmarks provided by the National Highway Traffic Safety Administration (NHTSA).
 2. The Medical Direction / Trauma Systems Workgroup is one of four sub-committees working to evaluate and prioritize the recommendations included in the Report.
 3. These recommendations may result in rules changes, law changes, and the development of a 3-5 year strategic plan for Maine EMS.
 4. This process workgroup evaluation and prioritization may take approximately six months with workgroup returning their recommendations to the Maine EMS Board.

4. Expectations of the Workgroup

- a. Conflicts of Interest Disclosure: The workgroup members present went around the table to further elaborate on their various affiliations and memberships in related professional organizations.
- b. Membership: The workgroup considered the need to solicit the participation of potential workgroup members from several parts of the state that are presently underrepresented on the workgroup roster:
 1. Northern Maine: Best Colmor. **(Dr. Diaz will contact her.)**
 2. Downeast Maine: Danny Carlow, Sally Taylor, Vicky Lincoln. **(Rick Petrie will contact them.)**
 3. Trauma Advisory Committee: Dave Ciraulo. **(Jay Bradshaw will contact him.)**
 4. Cardiac Adv. Cmt.: Bud Kellet. **(Dr. Diaz will contact him.)**

- c. Outside Input: The workgroup agreed that all workgroup meetings should be noticed on the MEMS website. Furthermore, regional EMS councils will promote the various workgroup meetings as a matter of standard practice. It was also suggested by Dr. Bowie that notice to Maine Fire Chiefs also be a priority. The group also agreed that there will likely be a need for a meeting near the end of this process to invite additional comment on workgroup recommendations before forwarding a final product to the MEMS Board.

5. Review implementation tracking forms

- a. The suggested implementation tracking forms will be distributed electronically by the facilitator with the minutes and agenda for the next meeting.

6. Discuss and establish timeframes and meeting dates

- a. The group agreed that holding meetings on the same day as the MEMS MDPB meetings would be most convenient.
- b. The group set the following meeting dates: July 20, 2005, 9-11 a.m.; August 17, 2005, 9-11 a.m.; September 21, 1-3 p.m.

7. Plan Next Meeting

- a. The group agreed to prioritize the Medical Direction and then the Trauma System recommendations to expedite the agenda setting and associated assignments for the July meeting:
 - 1. Recommendation ID # 4.8.3 (Medical Direction):
 - Highest Priority “b”:** “Regional medical directors should be charged to assist and facilitate the efforts of local medical directors and to participate in the development of statewide EMS protocols.”
 - Second Priority “e and d”:** “Develop and require appropriate training for any individual who will provide on-line medical direction to EMS providers.” “Require local and regional EMS medical directors to complete a nationally [a state] recognized medical directors’ course within the first year of their appointment.”
 - Third Priority “c”:** “Develop and promulgate job descriptions for local and regional medical directors.”
 - Fourth Priority “a”** – *this recommendation would be a ‘high’ priority if the language “encouraged vs. required” every EMS agency to have a medical director:* “Amend Maine’s EMS rules to require that every EMS agency have a physician medical director. The agency medical director

should have primary responsibility for assessment and assurance of the competence of every EMS provider.”

2. Assignments:

- a. ***Dr. Diaz will be prepared to address the work of the MDPB on “e and d” at the July meeting.***

These recommendations require the participation of E.D. Directors.

- b. ***Dr. Ettinger will be prepared to lead the discussion on recommendation “c”.***

3. ID # 4.9.3 (Trauma Systems):

Highest Priority “c”: “Modify the Maine EMS Prehospital Treatment Protocols to authorize all EMS providers statewide to request air medical transport units without on-line medical direction.”

Second Priority “b”: “Utilize [trauma registry data], patient care reporting data, and other relevant data sources to drive EMS education, quality improvement, and injury prevention programs.”

Third Priority “a”: “Develop and maintain a state trauma registry.”

8. Next Meeting: July 20, 2005, 9-11 a.m., Maine Emergency Medical Services, 500 Civic Center Drive, Augusta, Maine.